

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3362

State File No.

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 202	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Afton c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 7728 Rock Hill Rd.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Afton d. STREET ADDRESS (If rural, give location) 7728 Rock Hill Rd.			
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Anderson c. (Last) Anderson		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1950		5. SEX female		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 15 1904		9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTH PLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernard Jansen		13b. MOTHER'S MAIDEN NAME Mary Jansen		14. NAME OF HUSBAND OR WIFE Clarence Anderson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Anderson, 7728 Rock Hill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of colon ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Due to (b) Cancer of liver Due to (c) spleen resected bladder II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1947 1949 191X				INTERVAL BETWEEN ONSET AND DEATH 1947 1949 191X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1947 , 19___, to 1950 , 19___, that I last saw the deceased alive on 1-21 , 1950, and that death occurred at 5:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Estelita L. Tite, M.D.				23b. ADDRESS 7110 Michigan		23c. DATE SIGNED 1-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 24/50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial		24d. LOCATION (City, town, or county) (State) St. Louis, Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 23 1950		FUNERAL DIRECTOR'S SIGNATURE Herbert R. Dombke		ADDRESS Endler Und, Co., 7429 Michigan Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Niles Mattala
7110 Mich. Ave.

AUG 2

1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Van M. Sizemore

Licensed Embalmer No. *4343*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.